RETURN PROMPTLY TO:

Louisiana Insurance Rating Commission ATTENTION: Assessment and Data Management OFFICE OF MANAGEMENT AND FINANCE P. O. Box 94214

LOUISIANA UNDERWRITING EXPENSES AND STATEMENT OF UNDERWRITING EXPENSES PAID ON DIRECT FIRE, ALLIED LINES, AND MULTIPLE PERIL BUSINESS IN THE STATE OF LOUISIANA FOR THE CALENDAR YEAR

| REPORTING COMPANY: |
|--------------------|
| NAIC: |

Baton Rouge, Louisiana 70804-9214

| | ALL AMOUNTS IN DOLLARS | MOUNTS IN DOLLARS | | | | | | | | | | |
|----|---|-------------------|-------|--------------------------|------|---------------------------|------|---------------------------|----------|----------------------------------|----------|----|
| | | 1 | | 2 | | 3 | | 4 | 1 | 5 | | |
| | | Fire | | Allied Lines (See Note) | | Homeowners Multiple Peril | | Commercial Multiple Peril | | Total All Lines (Columns 1 to 4) | | |
| | | Amount | % | Amount | % | Amount | % | Amount | % | Amount | | |
| | | | XXX | | | | | | | | | |
| 1 | Direct Premiums Written | | | | XXX | | XXX | | XXX | | XXX | 1 |
| | Bind Book State | | 100 | | 400 | | 400 | | 400 | | 400 | |
| 2 | Direct Premiums Earned | | - | | 100 | | 100 | | 100 | | 100 | 2 |
| 3 | Direct Losses Incurred | | | | | | | | | | | 3 |
| | Direct Loss Adjustment | | XXX | | | | | | | | | |
| 4 | Expenses Paid | | | | XXX | | XXX | | XXX | | XXX | 4 |
| | Direct Losses Adjustment Expenses | | | | | | | | | | | |
| 5 | Incurred | | | | | | | | <u> </u> | | <u> </u> | 5 |
| 6 | Direct Commission and Brokerage Incurred | | | | | | | | | | | 6 |
| ь | Direct Other Acquisition, Field | | | | | | | | | | | 0 |
| | Supervision & Collection | | | | | | | | | | | |
| 7 | Expenses Incurred | | | | | | | | | | | 7 |
| | | | XXX | | | | | | | | | |
| 8 | Direct Inspection Expenses Paid | | | | XXX | | XXX | | XXX | | XXX | 8 |
| 9 | Direct Boards, Bureaus and Associations (Paid) | | XXX | | xxx | | xxx | | VVV | | xxx | q |
| 9 | Associations (Faid) | | XXX | | *** | | *** | | XXX | | *** | 9 |
| 10 | Direct Payroll Audit Expenses Paid | | 7,7,7 | | xxx | | xxx | | xxx | | xxx | 10 |
| | zweet ayrem maan zwpeniese i and | | XXX | | 7001 | | 7001 | | 7000 | | 7000 | |
| 11 | Direct Other Gen'l Expenses Paid | | | | xxx | | xxx | | xxx | | xxx | 11 |
| | Direct Total Gen'l Expenses Paid | | XXX | | | | | | | | | |
| 12 | (Lines 8, 9, 10, and 11) | | | | XXX | | XXX | | XXX | | XXX | 12 |
| 40 | Discret Coull Francisco Incomed | | | | | | | | | | | 40 |
| 13 | Direct Gen'l Expenses Incurred Direct Taxes, Licenses and | | | | | | | | | | | 13 |
| 14 | Fees Incurred | | | | | | | | | | | 14 |
| | Direct Total Expenses Incurred | | | | | | | | | | | |
| 15 | (Lines 5, 6, 7, 13, and 14) | | | | | | | | | | | 15 |
| | Direct Gain From Underwriting | | | | | | | | | | | |
| 16 | (Line 2 minus 3 minus 15) | | | | | | | | | | | 16 |

NOTE: Allied Lines includes the following lines of business: Extended Coverage, tornado, windstorm, cyclone, hail (except growing crops); sprinkler and water damage; explosion, riot, civil comotion, earthquake; growing crops; flood; rain; and aircraft and vehicle damage to property.

THIS FORM IS DUE ON OR BEFORE APRIL 30 OF EACH YEAR FORM 330 (REVISED 12/02)

| I hereby certify that | I am the | | of the |
|----------------------------------|-------------------------|--|-----------|
| | | (Title) | |
| | | doing business in the State of Lo | uisiana |
| | (Insurance Company | y) | |
| and that I am authorand correct. | orized to make this cer | tificate. I hereby certify that the within and foregoing | g is true |
| This the | day of | 20 | |
| | | | |
| (Typed Name and Sign | nature of Officer) | (Address) | |